

Organizational Information

1. General Information

- a. Date organization was established: _____
- b. Is this organization a corporation? YES NO. If yes, attach a copy of corporate registration certificate for the State of Georgia in the Proposer Attachments section.
- c. Community Based
- i. Is this a community based organization? YES NO

Community Based Organizations. **Private nonprofit** organizations which are representative of communities or significant segments of communities and which provide job training, literacy organizations, agencies or organizations serving older individuals, organizations that provide service opportunities, organizations operating career intern programs, youth corps programs, neighborhood groups and organizations, community action agencies, community development corporations, vocational rehabilitation organizations, rehabilitation facilities, agencies serving youth, agencies serving individuals with disabilities including disabled veterans, agencies serving displaced homemakers, union-related organizations, employer-related non-profit organizations, and organizations serving non-reservation Indians as well as tribal governments. Women's organizations with knowledge about or experience in non-traditional training for women and are recognized in the community in which they are to provide services are also considered community-based organizations. Note that governmental agencies are **NOT** "community-based organizations". "Educational organizations" include the public schools, the vocational technical colleges, and the universities and colleges located within the area.)

- ii. If your organization is not named specifically above (i.e., United Way), describe how your organization qualifies as community-based.

- d. Provide a bank reference, including address, phone number and contact person.

e. Federal identification number: _____

Georgia UI tax number: _____

f. Attach to this form a letter from the organization's CPA or Financial Official, verifying that the Federal and State withholding taxes and Georgia UI taxes are current.

g. Does organization have a current fidelity bond? YES NO

h. If yes, attach a copy of current fidelity bond in the Proposer Attachments Section.

i. DUNS number _____

2. Organizational Chart

Attach a copy of the applicant's organizational chart in the Proposer Attachments section.

3. Audit

Proposers must provide one copy of their two most current financial and compliance audits performed in the Proposer Attachments Section. The audits must be conducted in accordance with auditing standards set forth under the Single Audit Act Amendment of 1996 and in compliance with State of Georgia requirements and 2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This requirement will be met by providing the City of Colquitt/WDB with a copy of the annual audit according to 2 CFR 200.

For all profits businesses, proposers must have an annual financial and compliance audit performed under Generally Accepted Accounting Standards by an independent auditor.

If a contractor is legally prohibited from providing an audit, this requirement will be waived, but should be so noted. Indicate if this organization is subject to the Single Audit Act.

Agencies in existence for less than 1 (one) year, please attach copy of Business License or Letters of Incorporation in the Proposer Attachments Section.

4. Board of Directors

If a private for-profit or private non-profit, attach to this form a listing of the names of all Board of Directors in the Proposer Attachments Section.

5. Lease Agreement

Attach a copy of the lease agreement for the facilities charged to the program in the Proposer Attachments Section. If facilities have not yet been secured, a copy of the lease agreement must be provided prior to the execution of the contract.

If the project facility will be in-kind by the contractor or project partners, attach a letter stating what facilities will be in-kind to the project for staff and participant use in the Proposers Attachments Section. This letter must be on letterhead of entity providing the in-kind service.

6. Worker's Compensation Insurance

- a. Name of Carrier: _____
- b. Policy Number: _____
- c. Expiration Date: _____

7. Business License

Indicate if a city and/or county business license is required in the county (ies) of operation of this project.

YES NO If yes, give business license number(s). _____

8. Related Parties

Identify between the proposing agency, its staff and/or Board member(s), and another entity any business or personal relationships, jointly owned assets or other related interests that are planned to be utilized in the services to be provided in the proposed project, if applicable. Describe the nature of the relationship.